

UNITED STATES PATENT & TRADEMARK OFFICE  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: 6/1/05

2 Serial/Patent # 10/517829

3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input type="checkbox"/>	Filing			\$
<input type="checkbox"/>	Amendment			\$
<input type="checkbox"/>	Extension of Time			\$
<input type="checkbox"/>	Notice of Appeal/Appeal			\$
<input type="checkbox"/>	Petition			\$
<input type="checkbox"/>	Issue			\$
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/>	Maintenance			\$
<input type="checkbox"/>	Assignment			\$
<input checked="" type="checkbox"/>	Other <u>Search fee adjustment</u>			\$ <u>100</u>
		7 TOTAL AMOUNT OF REFUND	\$ <u>100</u>	
		8 TO BE REFUNDED BY:		
		<input type="checkbox"/> Treasury Check		
<input checked="" type="checkbox"/>	Overpayment	<input checked="" type="checkbox"/>	Credit Deposit A/C #:	
<input type="checkbox"/>	Duplicate Payment	<input type="checkbox"/>	<u>19-4880</u>	
10 REASON:				
<input checked="" type="checkbox"/> Overpayment				
<input type="checkbox"/> Duplicate Payment				
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME: <u>Kaya Lewis (Battinae)</u>		TITLE: <u>Paralegal</u>		
SIGNATURE: <u>Kaya Lewis</u>		PHONE: <u>(703) 358-9140</u>		
OFFICE: <u>DO/EDO</u>		<u>ext 202</u>		
***** THIS SPACE RESERVED FOR FINANCE USE ONLY *****				
APPROVED: _____		DATE: _____		

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance  
Refund Branch  
Crystal Park One, Room 802B